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## BIB DATA SHEET

CONFIRMATION NO. 6509

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/644,106	08/20/2003	600	3767	11738.00120		
<b>RULE</b>						
<b>APPLICANTS</b> Johan F.M. Gijbbers, Geleen, NETHERLANDS; Frans L.H. Gielen, Eckelrade, NETHERLANDS;						
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/174,257 06/18/2002 PAT 6,709,426 which is a CON of 09/561,550 04/28/2000 PAT 6,447,500 This application 10/644,106 08/20/2003 claims benefit of 60/404,605 08/20/2002						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 09/17/2003						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No /EMILY LOUISE SCHMIDT Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b>  NETHERLANDS	<b>SHEETS DRAWINGS</b>  2	<b>TOTAL CLAIMS</b>  50	<b>INDEPENDENT CLAIMS</b>  4
<b>ADDRESS</b> BANNER & WITCOFF, LTD AND ATTORNEYS FOR CLIENT NUMBER 011738 10 SOUTH WACKER DRIVE SUITE 3000 CHICAGO, IL 60606 UNITED STATES						
<b>TITLE</b> Brain fluid ion concentration modification for treating neurological disorders						
<b>FILING FEE RECEIVED</b> 1504	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		